

APPLICATION AND CONTRACT FOR HOTEL ROOM DOOR DROP OPPORTUNITIES



67th ASH Annual Meeting & Exposition

Meeting Dates: December 6-9, 2025
 Exhibit Dates: December 6-8, 2025
 Orange County Convention Center | Orlando, FL

Submit application to:
exhibitcontracts@spargoinc.com

Contact Information

Company Name

Agency Name (if applicable).....

Contact..... Title.....

Tel (direct)..... Mobile (required).....

Email (direct)..... Web Site

Address.....

City..... State..... Zip..... Country.....

Door Drop Opportunity Rates

Exclusive ASH Exhibitor Bag Advertising - \$62,000 Total Cost of All Items: \$_____

ASH Exhibitor Bag Insert
(rate is per insert, per day)

Standard Rate - \$10,000

Nonprofit Rate - \$3,950
(status must be verified by ASH)

ASH Exhibitor Bag Preferred Delivery Day*

Saturday **Sunday**

**Preferred delivery day will be honored on a first-come, first-served basis. Exhibitors will be notified if preferred delivery day is not available.*

Friday Satellite Symposia and Nonprofit Exhibitor Bag Insert
(rate is per insert)

Standard Rate - \$10,000

Nonprofit Rate - \$3,950
(status must be verified by ASH)

Insert Specifications - Maximum Dimensions: 8 ½" x 11", Maximum Weight: 3 ounces

Payment Information

Deposit and Payment Schedule
January 30, 2025...50% due for applications submitted prior to January 30, 2025
January 30, 2025 – June 2, 2025...50% due with application
After June 2, 2025...100% due with application
ASH requires full payment no later than June 3, 2025. Failure to make payments does not release the contracted or financial obligation of Exhibitor.

Submit application to:
 Email: exhibitcontracts@spargoinc.com

Need Help? Contact:
ashexhibits@spargoinc.com
 703-631-6200 | 800-564-4220

Cancellation Penalties

Cancellation Penalties
Prior to January 30, 2025...0%
January 30, 2025 – June 2, 2025...50%
After June 2, 2025...100%

Make checks payable to: ASH (Reference Invoice Number on check)

Mail check payment to:
 American Society of Hematology - Exhibits
 P.O. Box 70705 ♦ Philadelphia, PA 19176-0705

Overnight check payment to:
 American Society of Hematology - Box 70705 - Exhibits
 Attn: Box 70705
 400 White Clay Center Drive ♦ Newark, DE 19711

Credit Card Payments:
 An invoice will be sent via email with instructions to submit a credit card payment online. A 3.5% nonrefundable processing fee will be added to all credit card payments.

I acknowledge that as an authorized representative of the above stated Exhibitor, I have received, reviewed, and agree that Exhibitor will comply with the ASH Exhibitor Rules and Regulations. Exhibitor agrees to receive all written and electronic correspondence from ASH, SPARGO, Inc. and official event contractors in reference to the ASH annual meeting and all future ASH events. This application will become a contract upon Exhibitor's authorized signature and ASH's acceptance and approval.

Exhibitor Signature..... Date.....

Printed Name..... Telephone.....